

Effective Date: _____

☐ Active Account ☐ Previous Account ☐ Medical ☐ Military ☐ Ring Paid

APPLICATION FOR UTILITY SERVICE

Account No. _____ Date of Application _____

The Town of Smyrna is hereby requested to supply Electric Service at the Premises known as: _____ (Please Print)

Resident Address _____

Business Address _____ EI# _____

The undersigned customer hereby agrees to receive and pay for all electricity consumed on said premises in accordance with the applicable tariffs, rules and regulation of the Town which are available for inspection at the Town Office. The customer further agrees to make a suitable advance payment to insure payment for service or otherwise satisfy requirements of the Town of Smyrna. By signing this Application and making a request for electric service, the undersigned hereby acknowledges and agrees to pay any previously existing and unpaid debts owed by applicant to the Town of Smyrna.

Late charges will be applied after 4:30 p.m. on the 20th of each month. If the 20th falls on a Saturday, Sunday or Holiday, late charges will be applied after 4:30 p.m. on the next regularly-scheduled business day. Services are eligible for disconnection five days after the due date.

Amount of Advance Payment \$ _____ Signed: _____ (seal)
(Refundable with the exception of businesses) Customer

Approved: TOWN OF SMYRNA Signed: _____ (seal)
Customer

By: _____
Mailing Address if different from above

MUST COMPLETE OTHER SIDE

Personal Information

Customer 1

(Please answer ALL questions - Please Print)

Customer 2

Last Name				First Name				MI			
Date of Birth				Contact Person				Contact's Phone #			
Present Street Address				City				State Zip			
Email Address											
() - () -											
Phone #				Fax # / Cell #				(Circle One)			
SSN				Driver's License #				State			
								Full Time <input type="checkbox"/>			
								Part Time <input type="checkbox"/>			
Employer				How Long?				Yr. Mo.			
Street Address				City				State Zip			
() -											
Employer Contact				Phone #							

Name of nearest relative NOT at your address

Last Name				First Name				MI			
Present Street Address				City				State Zip			
Date of Birth											
Email Address											
() - () -											
Phone #				Fax # / Cell #				(Circle One)			
SSN				Driver's License #				State			
								Full Time <input type="checkbox"/>			
								Part Time <input type="checkbox"/>			
Employer				How Long?				Yr. Mo.			
Street Address				City				State Zip			
() -											
Employer Contact				Phone #							

Relationship

Phone #

Street Address

City

State

Zip